MISSOURI DEPARTMENT OF REVENUE
MISSOURI DEPARTMENT OF REVENUE PROPERTY TAX CREDIT CLAIM

2010
FORM
MO-PTC

	LAST N	AME	FIRST NAME	INITIAL	BIRTHDATE	DECEASED 2010	SOCIAL SECURITY I	NO.	SOFTWARE
NAME / ADDRESS	PLACE LABEL IN BLOCK —				//				VENDOR CODE (Assigned by DOR)
띪	SPOUS	E'S LAST NA	ME FIRST NAME	INITIAL	BIRTHDATE /	DECEASED 2010	SPOUSE'S SOCIAL S	SECURITY NO.	002
ΑD	INICAD	E OE NAME /	ATTORNEY, EXECUTOR, PERSONAL REPRE	CENTATIVE ETC.)	TELEPHONE NUMBER				
宣	IN CAR	E OF NAME (ATTORNET, EXECUTOR, PERSONAL REPRE	SENTATIVE, ETC.)	()	_			AMENDED CLAIM
죍	PRESE	NT HOME AD	DRESS	APT. NUMBER	CITY, TOWN, OR POST OFFI	CE, STATE, AN	D ZIP CODE	_	CLAIIVI
တ္	You r	nust check	a qualification to be eligible for a cred	dit. Check only one. RE	QUIRED COPIES OF LET	TERS, FORM	IS, ETC., MUST BI	INCLUDED V	VITH CLAIM.
QUALIFICATIONS	ПА	65 years	of age or older (ATTACH A COPY C	OF FORM SSA-1099.)	☐ C. 100% D	isabled (AT	TACH A COPY O	F THE LETTE	R FROM
짇		•	sabled Veteran as a result of military	•	000141	•	ADMINISTRATIO		
A			LETTER FROM DEPARTMENT OF VE		□ D. 60 years		der and received		
ಠ						•	COPY OF FOR	!! (!!!	and the said
FII	ING S	TATUS	☐ Single ☐ Married — Filing	Combined \square Marri	ed — Living Separate	for Entire	Year you mu	rried filing co st report bot	ombinea, th incomes.
FA	ILURE	TO PROVIDI	E THE ATTACHMENTS LISTED BELOW (F	RENT RECEIPT(S), TAX RE	CEIPT(S), FORMS 1099, W-	2, ETC.) WILL	RESULT IN DENIAL	OR DELAY OF	YOUR CLAIM!
	1.	Enter the	amount of social security benefits rec	ceived by you and/or you	ır minor children before a	ny deductior	ns and/or		
			nt of social security equivalent railroad FORMS SSA-1099 AND/OR RRB-10					1	00
		_	total amount of wages, pensions, and		et incomo rontal incomo	or other inco	ome	1	00
	-		FORMS W-2, 1099, 1099-R, 1099-D					2	00
	3.		amount of railroad retirement benefits						
			FORM RRB/1099-R (TIER II)					3	00
ME	4.		amount of veteran's payments or benef	•			l-	4	00
ပ္သ	5.		total amount received by you and/or y ry Assistance payments (TA and/or TA						
		SOCIAL	SECURITY ADMINISTRATION AND/	OR SOCIAL SERVICES	THAT INCLUDES THE T	OTAL AMO	UNT OF		
호			NCE RECEIVED AND EMPLOYMEN	·			-	5	00
SE	6.		ousehold income — Add Lines 1 thro	•				6	00
HOUSEHOLD INCOME	7.		box that applies and enter the approp a. Enter \$0 if filing status is Single or		٥.				
		If ma	rried and filing combined;						
		 □ b. Enter \$2,000 if you rented or did not own your home for the entire year; □ c. Enter \$4,000 if you owned and occupied your home for the entire year; 8. Net household income — Subtract Line 7 from Line 6; and enter the amount; mark the box that applies. 							00
	۱۵								00
	8. Net nousehold income — Subtract Line 7 from Line 6; and enter the amount; mark the box that applies. □ a. If you rented or did not own and occupy your home for the entire year, Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. □ b. If you owned and occupied your home for the entire year, Line 8 cannot exceed \$30,000.								
			If the total is greater than \$30,000	, STOP - no credit is al	lowed. Do not file this o	ი გან,ნნნ. : laim.		8	00
>	9.		ned your home, enter the total amount	t of property tax paid for	your home less special a	ssessments			
REAL ESTATE TAX /	اد		A COPY OF PAID REAL ESTATE TA						00
빌	₹ .		N A MOBILE HOME, ATTACH FORM	•				9	00
ST	= 10. = 10.	10. If you rented, enter amount from Form MO-CRP, Line 9. Attach rent receipts and/or a statement from your landlord. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit							
٦	뷥	NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit							
RE/	1'''		total or \$1,100, whichever is less			•		11	00
S	12.	You mus	t use the chart on pages 13-15 to se	ee how much refund you	ı are allowed.				
CREDITS		Apply am	ounts from Lines 8 and 11 to chart on	n pages 13-15 to figure y	our Property Tax Credit.				00
<u></u>			nters - maximum allowed is \$750. Ow			the best of m		12	00
	Declara	ation of prepar	erjury, I declare that I have examined this returner (other than taxpayer) is based on all informat	ion of which he/she has any kn	lowledge. As provided in Chapte	er 143, RSMo, a	penalty of up to \$500	shall be imposed	on any individual
삗	who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax abatement if I employ such aliens.							ie for any tax exe	inplion, credit or
칠			or of Revenue or delegate to discuss my claim ny member of the preparer's firm.	and attachments E-MAIL ADD	DRESS		PREPARER'S PHO	NE	
SIGNATURE	with the preparer or any member of the preparer's firm. YES NO () SIGNATURE DATE PREPARER'S SIGNATURE								PTIN
S									
	SPOUSE	'S SIGNATURE		DAYTIME TELEPHONE	PREPARER'S ADDRESS AND Z	IP CODE			DATE
_		Mail alai:	n and attachments to Missou	uri Department of F	Pavanua P.O. Boy	2800 1044	arean City M	O 65105-29	00
	- 1	viali Cidli	ii and allacinnents to wissol	ari Departifient of F	vevellue, F.O. DOX	LOUU, JUII	erson Gity, M	O 00 100-20	····



2010 FORM **MO-CRP** FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1.	SOCIAL SECURITY NUMBER	SPOUSE'S	SOCIAL SECURITY	NUMBER	IF YES, EXPL	LATED TO YOUR LAI AIN.		☐ YES ☐ N	10
2.	NAME			3. LANDLORD'S NAM	ME, LAST 4 DIGIT	S OF SSN, OR FEIN (I	MUST BE	COMPLETED)	
PH	HYSICAL ADDRESS OF RENTAL UNIT (P.O. B	OX NOT ALLOWED)	APT. NUMBER	LANDLORD'S ADD	DRESS, CITY, ST	ATE, AND ZIP CODE	(MUST B	BE COMPLETED)	APT. NUMBER
CI	TY, STATE, AND ZIP CODE					4. LANDLORD'S P	HONE NU	JMBER (MUST BE C	COMPLETED)
5	RENTAL PERIOD FROM: MONT	тн	DAY	YEAR	TO: MOI		DA`	- Y	YEAR
5.	DURING YEAR	<u> </u>		2010					2010
6.	Enter your gross rent paid. Attach ren and/or copies of cancelled checks (fro NOTE: If you rent from a facility that	nt and back). If you r	eceived housing	assistance, enter the	amount of rent	YOU paid.	6		00
7.	Check the appropriate box and ente A. APARTMENT, HOUSE, MC B. MOBILE HOME LOT — 100 C. BOARDING HOME / RESID D. SKILLED OR INTERMEDIA E. HOTEL If meals are include F. LOW INCOME HOUSING — G. SHARED RESIDENCE — I OR CHILDREN UNDER 18	DBILE HOME, OR DU DENTIAL CARE — 5 NTE CARE NURSING Ed, enter — 50%; Ot — 100% (RENT CAN If you shared your re (), check the appropr	UPLEX — 100% 50% G HOME — 45% therwise, enter — INOT EXCEED 4 ent with relatives riate box and ent	- 100% - 100% 40% OF TOTAL HO and/or friends (OTH er percentage.	ER THAN YO	UR SPOUSE			
	<u>Additional</u> persons sharii	ng rent/percentage	to be entered:	☐ 1 (50%) ☐	2 (33%)	3 (25%)	7		%
8.	. Net rent paid — Multiply Line 6 by the	ne percentage on Lin	ne 7				8		00
9.	. Multiply Line 8 by 20%. Enter amour	nt here and on Line	10 of Form MO-F	PTC or Line 12 of Fo	rm MO-PTS.		9		00
MO	860-1089 (12-2010)		For Privacy N	otice, see instruc			9		·
	MISSOURI DEPARTME CERTIFICATION O SOCIAL SECURITY NUMBER	ENT OF REVENU	JE	D M	2010 FORM O-CRP	FAILURE TO INFORMATI DENIAL OR LATED TO YOUR LA	O PRO ON WI DELA	OVIDE LANDLILL RESULT AY OF YOUR	IN R CLAIM.
1.	MISSOURI DEPARTME CERTIFICATION O	ENT OF REVENU	JE) FOR 201 (D M	2010 FORM O-CRP ARE YOU RE IF YES, EXPL	FAILURE TO INFORMATI DENIAL OR LATED TO YOUR LAI AIN.	O PRO ON WI DELA	ILL RESULT AY OF YOUR	IN R CLAIM.
1.	MISSOURI DEPARTME CERTIFICATION O SOCIAL SECURITY NUMBER	ENT OF REVENU F RENT PAID SPOUSE'S S	JE) FOR 201 (NUMBER 3. LANDLORD'S NAM	2010 FORM O-CRP ARE YOU RE IF YES, EXPL	FAILURE TO INFORMATI DENIAL OR LATED TO YOUR LAI AIN.	O PROON WIDELANDLORD	ILL RESULT AY OF YOUR ? YES NO E COMPLETED)	IN R CLAIM.
1. 2. PH	MISSOURI DEPARTME CERTIFICATION O SOCIAL SECURITY NUMBER NAME	ENT OF REVENU F RENT PAID SPOUSE'S S	JE) FOR 201(SOCIAL SECURITY	NUMBER 3. LANDLORD'S NAM	2010 FORM O-CRP ARE YOU RE IF YES, EXPL	FAILURE TO INFORMATI DENIAL OR LATED TO YOUR LAI AIN. S OF SSN, OR FEIN (I	O PROON WIDELANDLORD	ILL RESULT AY OF YOUR PERSONNER ECOMPLETED)	CLAIM.
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1. 2. PH CIT	MISSOURI DEPARTME CERTIFICATION O SOCIAL SECURITY NUMBER TY, STATE, AND ZIP CODE RENTAL PERIOD DURING YEAR Enter your gross rent paid. Attach ren and/or copies of cancelled checks (fro NOTE: If you rent from a facility that the composition of the compositi	OX NOT ALLOWED) TH at receipt(s) for each rent and back). If you reat does not pay proper the corresponding DBILE HOME, OR DU DENTIAL CARE — 50%; Ot — 100% (RENT CAN of you shared your result), check the appropriate of the corresponding DBILE HOME, OR DU DENTIAL CARE — 50%; Ot — 100% (RENT CAN of you shared your result), check the appropriate of the corresponding of the corresponding to the correspondin	DED FOR 2010 SOCIAL SECURITY APT. NUMBER APT. NUMBER APT. NUMBER DAY ent payment for the received housing perty tax, you are percentage on LUPLEX — 100% GHOME — 45% therwise, enter— INOT EXCEED 48 ent with relatives riate box and entering the content of the content with relatives riate box and entering the content with relative the co	NUMBER 3. LANDLORD'S NAM LANDLORD'S ADD YEAR 2010 The entire year, a state assistance, enter the enot eligible for a Prine 7. 100% 40% OF TOTAL HO and/or friends (OTH er percentage.	TO: MOI USEHOLD IN ER THAN YO	FAILURE TO INFORMATI DENIAL OR LATED TO YOUR LAIAIN. S OF SSN, OR FEIN (INFORMATION OF PARTIES OF SSN, OR FEIN (INFORMATION OF PARTIES OF SSN, OR FEIN (INFORMATION OF PARTIES OF SSN, OR FEIN (INFORMATION OF SSN, OR FEI	D PROON WIDELANDLORD MUST BE HONE NU	ILL RESULT AY OF YOUR Pres	APT. NUMBER COMPLETED) YEAR 2010
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